

**UNITED STATES COURT OF APPEALS****DISTRICT OF COLUMBIA CIRCUIT**

333 Constitution Avenue, NW  
Washington, DC 20001-2866

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**DOCKETING STATEMENT**

*Administrative Agency Review Proceedings (To be completed by appellant/petitioner)*

1. CASE NO.	25-1016	2. DATE DOCKETED:	01-10-2025
3. CASE NAME (lead parties only)	Aurora Operations, Inc.	v.	U.S. Dep't of Transportation
4. TYPE OF CASE:	<input checked="" type="checkbox"/> Review <input type="checkbox"/> Appeal <input type="checkbox"/> Enforcement <input type="checkbox"/> Complaint <input type="checkbox"/> Tax Court		
5. IS THIS CASE REQUIRED BY STATUTE TO BE EXPEDITED?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
<small>If YES, cite statute</small>			
6. CASE INFORMATION:			
a. Identify agency whose order is to be reviewed:	Federal Motor Carrier Safety Administration		
b. Give agency docket or order number(s):	FMCSA-2023-0071		
c. Give date(s) of order(s)	December 26, 2024		
d. Has a request for rehearing or reconsideration been filed at the agency?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
<small>If so, when was it filed? _____ By whom? _____</small>			
<small>Has the agency acted?   <input type="radio"/> Yes   <input checked="" type="radio"/> No   If so, when? _____</small>			
e. Identify the basis of appellant's/petitioner's claim of standing. <u>See D.C. Cir. Rule 15(c)(2):</u> <u>Petitioner is the object of the agency's arbitrary and capricious action under review, which is the</u> <u>denial of Petitioner's request for an exemption from certain regulations.</u>			
f. Are any other cases involving the same underlying agency order pending in this Court or any other?	<input type="radio"/> Yes <input checked="" type="radio"/> No   If YES, identify case name(s), docket number(s), and court(s)		
g. Are any other cases, to counsel's knowledge, pending before the agency, this Court, another Circuit Court, or the Supreme Court which involve <i>substantially the same issues</i> as the instant case presents?	<input type="radio"/> Yes <input checked="" type="radio"/> No   If YES, give case name(s) and number(s) of these cases and identify court/agency:		
h. Have the parties attempted to resolve the issues in this case through arbitration, mediation, or any other alternative for dispute resolution?	<input type="radio"/> Yes <input checked="" type="radio"/> No   If YES, provide program name and participation dates.		

Signature /s/ Jeffrey A. Rosen Date 02-10-2025

Name of Party (Print) Aurora Operations, Inc.

Name of Counsel for Appellant/Petitioner (Print) Jeffrey A. Rosen

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**ATTACH A CERTIFICATE OF SERVICE**

**Note:** If counsel for any other party believes that the information submitted is inaccurate or incomplete, counsel may so advise the Clerk within 7 calendar days by letter, with copies to all other parties, specifically referring to the challenged statement. An original and three copies of such letter should be submitted.

**CERTIFICATE OF SERVICE**

I, Jeffrey A. Rosen, hereby certify that on this 10th day of February, 2025, I caused a true and accurate copy of the foregoing to be filed through the Court's CM/ECF system, which will serve notice of the filing on counsel for all parties.

Respectfully submitted,

CRAVATH, SWAINE & MOORE LLP,

by

/s/ Jeffrey A. Rosen

Jeffrey A. Rosen

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*Counsel for Petitioner*

February 10, 2025